

Specialized Medical Equipment, Supplies and Assistive Technology

Definition: Specialized medical equipment, supplies and assistive technology to include devices, controls, or appliances, specified in the Support Plan, which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under State Plan Medicaid. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. This service may include consultation and assessment to determine the specific needs related to the participant's disability for which specialized medical equipment and assistive technology will assist the participant to function more independently. Consultation and assessment cannot be used to determine the need for supplies.

Note: The provision of assistive technology must eliminate/reduce the need for either personal care or a direct care service.

Note: Durable Medical Equipment (DME) is the name of a service available to all Medicaid recipients in South Carolina. It is not the name of a MR/RD Waiver service.

Service Limits: Diapers are restricted by the pricing guidelines and the age requirement set by SCDHHS. Diapers funded by the MR/RD Waiver are limited to a maximum of three (3) cases per month for participants 4 years of age or older.

Under pads are limited to three (3) cases per month for participants 4 years of age or older.

Wipes are limited to participants 4 years of age or older.

Liquid nutrition is limited to two (2) cases per month for waiver participants who do not use a feeding tube. Liquid nutrition for waiver participants who use a feeding tube is provided by State Plan Medicaid and is not covered by the waiver. Liquid nutrition is only for participants who are unable to consume sufficient calories/nutrients from food alone. It does not include vitamins or mineral supplements. Liquid nutrition must be medically necessary and prescribed by a physician. If the liquid nutrition comes in other forms (e.g. pudding, powder or shakes), it can be covered by the waiver. Liquid nutrition in other forms is also subject to the two (2) cases per month limit. Most powders come four (4) cans per case. Shakes and pudding are comparable to conventional liquid nutrition case sizes.

Only one (medically justified) wheelchair may be obtained through the MR/RD Waiver every five (5) years. The cost of the wheelchair is limited to a maximum of \$8,000.

Providers: Specialized Medical Equipment, Supplies and Assistive Technology must be provided by vendors who are enrolled with SCDHHS as Durable Medical Equipment (DME) providers; DSN Boards/contracted providers; technicians or professionals certified in the installation and repair of manufacturers equipment; or vendors with a retail or wholesale business license. **A vendor enrolled with SCDHHS as a DME provider cannot opt to bill the Financial Manager.**

Assistive Technology Assessments/Consultations must be provided by Occupational or Physical Therapists contracted with SCDHHS; Rehabilitation Engineering Technologists, Assistive Technology Practitioners or Assistive Technology Suppliers certified by the Rehabilitation Engineering Society of North American

(RESNA); or Environmental Access/Consultants/contractors certified by Professional Resource in Management (PRIME).

Arranging for and Authorizing Services: Once the participant's need has been identified and documented in the Support Plan, and it is determined that the provision of equipment or supplies will meet or address the need, the Service Coordinator must determine if the needed equipment or supplies are available through State Plan Medicaid. The State Plan covers Durable Medical Equipment (DME), which is available to all Medicaid recipients, and includes equipment or supplies ordered by a physician, **such as hospital beds, wheelchairs, shower chairs, back and leg braces, crutches, oxygen, bandages, etc.** Furthermore, liquid nutrition (e.g. Ensure, Pediasure, Sustical, etc.) is covered by the State plan when the product is the person's sole source of nutrition. If the participant has a feeding tube (i.e. G-Tube, J-tube, PEG tube, etc.), then liquid nutrition can be funded by the State Plan. The person must have a physician's order for the product and present his/her Medicaid card to the DME provider to obtain. The provision of sole source liquid nutrition and other Durable Medical Equipment must be reflected in the participant's Support Plan, but since it is funded by the State Plan, it should not be budgeted on the Waiver Tracking System.

Note: Nutritional supplements are not available through the MR/RD Waiver. Nutritional supplements include vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements and other related products used to boost the nutritional content of the diet.

The following procedures should be used to determine if an item is covered by State Plan Medicaid:

Ask the provider for the appropriate procedure code for the equipment or supply requested, and compare it to the equipment and supply list included in the *Medicaid Provider Manual for Durable Medical Equipment*, which is published by SCDHHS at www.dhhs.state.sc.us. Click on "Provider Manuals" in the center of the home page and scroll down to "Durable Medical Equipment." Equipment and supply lists are under "Procedure Codes" in Section 4 of the manual. If a procedure code is not listed in the section, the item is not covered by the State plan.

Note: In the provider manual, ** indicates that the item requires the provider to first submit a Prior Authorization to determine whether it will be covered.

The Service Coordinator must document attempts to determine if the needed items are covered by the State Plan. For some equipment or supplies, SCDHHS places limits on the frequency or amount of an item a Medicaid recipient may receive. For example, up to 4 urinary leg bags can be provided during a calendar month. When medical necessity is established beyond what the State Plan will cover, the MR/RD Waiver will fund the additional amounts/frequencies. If the participant needs more than is allowed by the State plan, the Service Coordinator should contact a DME provider, who will then initiate the SCDHHS Medicaid Certificate of Medical Necessity Form for Equipment/Supplies (DME 001), available in the *Medicaid Provider Manual for Durable Medical Equipment*, by filling out the top portion of page one and all of page two, then forwarding to the participant's physician to complete the bottom portion, to include medical justification and signature of approval. This form must be completed every 12 months. The DME provider sends the **original** Certificate of Medical Necessity Form for Equipment/Supplies (DME 001) to the Service Coordinator, who then completes the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5) and forwards the authorization and a copy of the certificate of medical necessity back to the provider.

In most instances, Specialized Medical Equipment, Supplies and Assistive Technology is provided by a vendor enrolled with SCDHHS as a DME provider. There may, however, be circumstances where a participant's needs can be met by a vendor that is not enrolled with SCDHHS. Vendors who are not enrolled with SCDHHS may contract with the Financial Manager **only** to provide Medical Equipment, Supplies and Consultation. This option is used for items such as non-sole source liquid nutrition and lift systems (e.g. Surehand Lift Systems) and often leads to reduced costs; but, it is not available for items such as diapers, pull-ups, wipes, etc.

State procurement policy must be followed. For any single piece of equipment or supply which costs **\$2,500 or less**, no bids are required. However, the Service Coordinator must offer the participant/legal guardian a choice of provider and document this offering of choice.

For any single piece of equipment or supply which costs **more than \$2,500**, the Service Coordinator must offer the participant/legal guardian choice of providers and assist in soliciting written quotes from three (3) providers. These solicitations may be verbal but must be documented in the record and included as a comment to the budget on the Waiver Tracking System (BDCOM). The quotes should indicate the pre-tax amount so as to allow comparison of pricing between vendors, independent of tax rates specific to location.

For any single piece of equipment or supply which costs **more than \$10,000**, the procurement must be advertised, and three (3) **written** quotes must be obtained and submitted to Cost Analysis Division of SCDDSN, via fax, at (803) 898-9657 when the request is added to the Waiver Tracking System.

Once the provider is chosen by the participant or selected as the lowest [pre-tax] bidder among the providers from whom bids were solicited and the budget information and comments have been entered in the Waiver Tracking System (S21) and approved, the service can be authorized using the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5). For providers that are contracted by the Financial Manager (to provide Medical Equipment, Medical Supplies and Consultation only), a copy of the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5) must be sent to the Financial Manager and to the SURB Division SCDDSN Central Office Finance.

1. **Medical Supplies** are those non-durable supplies that are not available through the State plan and that are of direct medical or remedial benefit to the participant. This may include items such as liquid nutrition (when not the sole source of nutrition) and wipes, but will not include items such as soap, deodorant, shampoo, tissues, toilet tissue, etc., unless clearly linked to a direct medical or remedial need in the Support Plan.

Note: Wipes are available to those who are incontinent of bowel and/or bladder and are at least four (4) years old.

2. **Medical Equipment** is any durable or non-durable equipment item that is not covered by the State plan and that is of direct medical or remedial benefit to the participant. This includes items that are assistive in nature, such as large button telephones, strobe light fire alarms, flashing light alarm clocks, or any other items that are clearly linked to a direct medical or remedial need in the Support Plan.

Any equipment covered through the State plan that is denied for any reason, must go through the SCDHHS appeal process for adjudication before being considered through the MR/RD Waiver. The SCDHHS appeal process is found in the SCDHHS Durable Medical Equipment Provider Manual (Section 1).

Proper documentation showing the outcome of the appeal must accompany the request for waiver consideration.

Even when an item serves a useful medical purpose, one must also consider to what extent, if any, it would be reasonable for the MR/RD Waiver to pay for the item prescribed. The following considerations should enter into the determination of what is reasonable:

1. Is the item substantially more costly than a medically appropriate and realistically feasible alternative pattern of care?

2. Does the item serve essentially the same purpose as equipment already available to the participant?

For an item to be covered through the MR/RD Waiver, it must be reasonable and provide a direct medical or remedial benefit related to a SCDDSN-assessed need. Excessive expenses for “deluxe” features or added convenience are not considered reasonable; therefore, the least costly alternative that provides the intended medical/remedial benefit will be considered first.

3. **Diapers** are not covered by the State plan, but are available through the MR/RD Waiver to those who are incontinent of bowel and/or bladder and are at least four (4) years old. Each case must contain at least 72 size large diapers or 96 size medium or small diapers. Please refer to the most recent revision of the Durable Medical Equipment Fee Schedule in Section 4 of the SCDHHS *Medicaid Provider Manual for Durable Medical Equipment* when budgeting.
4. **Under pads** are not covered by the State Plan, but are available through the MR/RD Waiver to those who are incontinent of bowel and/or bladder and are at least four (4) years old. Each case must contain at least 150 under pads.
5. **Consultation** is not covered by the State Plan but is available, prior to the participant receiving the service, through the MR/RD Waiver to assess and determine the specific needs related to the participant’s disability for which specialized medical equipment, supplies and assistive technology will assist him/her to function more independently. **Consultation and assessment cannot be used to determine the need for supplies only.** A Consultation may be authorized by completing the Authorization for Specialized Medical Equipment, Supplies and Assistive Technology (MR/RD Form A-5). The maximum amount allowed for a Consultation for the initial acquisition of an item is \$300.
6. **Rental:** In certain circumstances, needs for equipment or supplies may be time-limited (e.g. a participant is scheduled to undergo surgery and will need a bedside commode during recovery). Time-limited rental should be used when a particular item is not needed for longer than 3 months. In these circumstances, the Service Coordinator should encourage the participant to rent the needed item from his/her choice of providers. The Service Coordinator must initially verify that the rental costs cannot be covered by the State Plan. If the State Plan does not cover the rental for the particular piece of equipment needed, then the cost of the rental can be funded through Specialized Medical Equipment, Supplies and Assistive Technology. Rentals are authorized as Medical Equipment.
7. **Repairs** not covered by warranty and replacement of parts may be funded through Specialized Equipment, Supplies and Assistive Technology. Repairs and/or replacements of equipment may not be granted if it is determined that there has been abuse/misuse of the equipment or if the same repair has been done on the same piece of equipment more than twice in twelve (12) calendar months. Consideration for further repairs requires documentation describing extenuating circumstances. The Service Coordinator should use professional judgment when determining whether abuse/misuse of equipment has occurred. Repairs are authorized as Medical Equipment.

A start date must be documented on the authorization for each category of Assistive Technology. In addition to the start date, the name of the item being authorized, the cost authorized and the frequency must be specified for equipment and supplies. **Back-dating of authorizations is prohibited.**

Note: When a new service authorization is sent to a provider, it nullifies any previous authorization to that provider for ongoing supplies. For this reason, **any new authorizations must include those monthly supplies that continue to be needed as well as the new supplies.**

Monitoring Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Specialized Medical Equipment, Supplies, and Assistive Technology:

- Monitoring should be conducted within two (2) weeks of receipt of one-time items.
- Monitoring should be conducted at least once during the first month of services for ongoing items.
- Monitoring should be conducted at least once during the second month of services for ongoing items.
- Monitoring should be conducted at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring of this service may be conducted by contact with the participant/family or with the service provider.

Some questions to consider during monitoring include:

One-Time Items

- ❖ Did the participant receive the item?
- ❖ What is the benefit of the item to the participant?
- ❖ Is the item being used as prescribed?
- ❖ Is the participant satisfied with the provider?
- ❖ Is the provider responsive to the participant's needs?

On-going items

- ❖ Has the participant's health status changed since your last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- ❖ Are the specific brands appropriate for the participant's needs, or does a change need to be made?
- ❖ Are additional supplies needed at this time? Are there any new needs?
- ❖ Does the participant receive his/her monthly supplies in a timely manner?
- ❖ What is the benefit of the item to the participant?
- ❖ Are the items being used as prescribed?
- ❖ Is the participant satisfied with the provider?
- ❖ Is the provider responsive to the participant's needs?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS**MR/RD WAIVER****AUTHORIZATION FOR SPECIALIZED MEDICAL EQUIPMENT, SUPPLIES AND ASSISTIVE TECHNOLOGY**

- ☐ **BILL TO S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES** (include Prior Authorization # below)
- ☐ **BILL TO FINANCIAL MANAGER:** _____
- _____
- _____

TO: _____

Participant's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Medicaid #: _____

Social Security #: _____

Prior Authorization # _____

NOTE: The provider is responsible for pursuing all other resources prior to accessing Medicaid. State Plan Medicaid resources must be exhausted before accessing the MR/RD Waiver. Our information indicates this person has:

- ☐ Medicaid only ☐ 3rd Party liability (private insurance) ☐ Medicare

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for these services.

- ☐
- Medical Supplies (X1915)

Start Date: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

- ☐
- Medical Equipment (X1916)

Start Date: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

Item: _____

Cost: _____

Frequency: _____

- ☐
- Diapers

Start Date: _____

____ Cases

Frequency: ☐ Monthly ☐ Bi-Monthly ☐ Quarterly ☐ Semi-AnnuallySize: ☐ Adult SM (T4521) ☐ Adult MD (T4522) ☐ Adult LG (T4523) ☐ Adult XL (T4524)☐ Child LG (T4530) ☐ Youth (T4533)

- ☐
- Under pads

Start Date: _____

____ Cases

Frequency: _____

- ☐
- Consultation

Start Date: _____

Cost: _____ (not to exceed \$300)

Service Coordination Provider: _____ Service Coordinator Name: _____

Address: _____

Phone # _____

Signature of Person Authorizing Services_____
Date